



Commissioner for Patents
Washington, DC 20231
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CONFIRMATION NO. 4736

Bib Data Sheet

SERIAL NUMBER 09/710,227	FILING DATE 11/10/2000 RULE	CLASS 705	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. 16790-6411
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APPLICANTS

Ewing B. Gourley, Springfield, MO;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 02/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 10	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

21888

CFR, update
148-02

AT

TITLE

Method and apparatus for processing pharmaceutical orders to determine whether a buyer of pharmaceuticals qualifies for an "own use" discount

FILING FEE RECEIVED 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/710,227	FILING DATE 11/10/2000 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 16790-6411
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APPLICANTS

Ewing B. Gourley, Springfield, MO ;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED** ** 02/12/2001

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 10	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

R Haferkamp
 Howell & Haferkamp L C
 7733 Forsyth Boulevard
 Suite 1400
 St. Louis ,MO 63105

TITLE

Method and apparatus for processing pharmaceutical orders to determine whether a buyer of pharmaceuticals qualifies for an "own use" discount

FILING FEE RECEIVED 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit